

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 9/534825  
FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		#	IND.	DEP.	#	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/						51	/				
2		/					52	/				
3	/						53	/				
4	/						54	/				
5	/						55	/				
6	/						56	/				
7	/						57	/				
8			4				58	/				
9			10				59	/				
10			6				60	/				
11	/						61					
12		/					62					
13		/					63					
14		/					64					
15		/					65					
16		/					66					
17							67					
18							68					
19							69					
20							70					
21							71					
22							72					
23							73					
24							74					
25		/					75					
26		/					76					
27		/					77					
28		/					78					
29		/					79					
30		/					80					
31			6				81					
32	/						82					
33		/					83					
34		/					84					
35	/						85					
36	/						86					
37	/						87					
38	/						88					
39	/						89					
40	/						90					
41		/					91					
42		/					92					
43		/					93					
44	/						94					
45			/				95					
46			/				96					
47			/				97					
48			/				98					
49			/				99					
50			/				100					
TOTAL IND.							TOTAL IND.	18				
TOTAL DEP.							TOTAL DEP.	45				
TOTAL CLAIMS							TOTAL CLAIMS	63				

REST AVAILABLE COPY